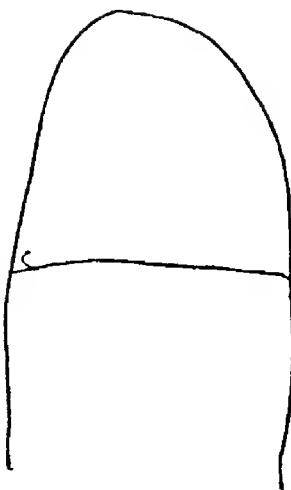


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Intervet Inc.

934 4305

p.5



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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31846 7590 12/17/2003

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*William P. Ramey III* (Depositor's name)  
*TP* (Signature)  
*5/27/04* (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/998,619	11/30/2001	Gregory Conn	3298/1H309US2	5770

TITLE OF INVENTION: PURIFICATION OF HUMAN TROPONIN I

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	03/17/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LIU, SAMUEL W	1653	435-069100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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*William P. Ramey*

2 \_\_\_\_\_

3 \_\_\_\_\_

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

*Akzo Nobel NV Arnhem, The Netherlands*

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 10 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 00-2334 (enclose an extra copy of this form).

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(Authorized Signature)	(Date)
<i>W.P. Ramey</i>	3/1/04
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March 1, 2004

2...pages including cover sheet.

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William P. Ramey, III	Akzo Nobel Pharma Patent Department	302-934-4305 (US)
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